



FORM
D-2

REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES
CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK

- ☐ Quarterly Report:
(Check one:) ☐ 1st ☐ 2nd ☐ 3rd ☒ 4th
- ☐ Final Report (Fund balance on Line E must be \$0)
- ☒ Amendment of the Report Indicated Above

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS
CHICAGO, ILL.

2022 MAR 11 PM 3:25

Full name and complete mailing address of Political Committee:

☐ CHECK FOR ADDRESS CHANGE

COMMITTEE ID #

Miles 21 Logan
4245 W Waukegan - 318d
Chicago IL 60620

37018

E-mail address:

☐ CHECK FOR E-MAIL ADDRESS CHANGE

REPORTING PERIOD

10/1/2021 12/31/2021

CASH AVAILABLE AT BEGINNING
OF REPORTING PERIOD:

\$ 0

FROM THRU

Repeat this amount in SECTION D, Line (A)

ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS
2329 S MacARTHUR BLVD
SPRINGFIELD, IL 62704-4503

OR

STATE BOARD OF ELECTIONS
JAMES R THOMPSON CENTER
100 W RANDOLPH, STE 14-100
CHICAGO, IL 60601-3232

SECTION A — RECEIPTS

1. Individual Contributions

- a. Itemized (from Schedule A): \$ 5,020 (1a)
b. Not-Itemized: \$ 200 (1b)

2. Transfers In

- a. Itemized (from Schedule A): \$ (2a)
b. Not-Itemized: \$ (2b)

3. Loans Received

- a. Itemized (from Schedule A): \$ (3a)
b. Not-Itemized: \$ (3b)

4. Other Receipts

- a. Itemized (from Schedule A): \$ (4a)
b. Not-Itemized: \$ (4b)

TOTAL RECEIPTS (1a thru 4b) \$ 5,220 (TR)

5. In-Kind Contributions

- a. Itemized (from Schedule I): \$ (5a)
b. Not-Itemized: \$ (5b)

TOTAL IN-KIND (5a + 5b) \$ (TI)

Name and address of person submitting this report if other
than the committee's Chair or Treasurer:

SECTION B — EXPENDITURES

6. Transfers Out

- a. Itemized (from Schedule B): \$ (6a)
b. Not-Itemized: \$ (6b)

7. Loans Made

- a. Itemized (from Schedule B): \$ (7a)
b. Not-Itemized: \$ (7b)

8. Expenditures

- a. Itemized (from Schedule B): \$ 4,820 (8a)
b. Not-Itemized: \$ 140 (8b)

9. Independent Expenditures

- a. Itemized (from Schedule B-9): \$ (9a)
b. Not-Itemized: \$ (9b)

TOTAL EXPENDITURES (6a thru 9b) \$ 4,960 (TE)

SECTION C — DEBTS AND OBLIGATIONS

(Include previously reported unpaid debts)

10. a. Itemized (from Schedule C): \$ (10a)
b. Not-Itemized: \$ (10b)

TOTAL DEBTS & OBLIGATIONS \$

SECTION D — CASH BALANCE

Cash available at beginning of
reporting period: \$ 0 (A)

Total Receipts from Section A (TR): \$ 5,220 (B)

Total cash (A) plus (B): \$ 5,220 (C)

Total Expenditures from Section B (TE): \$ 4,960 (D)

Funds available at close of
reporting period (C minus D): \$ 260 (E)

Investments total (if applicable): \$ (F)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

DATE

NAME OF POLITICAL COMMITTEE:

Maryland Governor
 7445 W. Washington Blvd -
 Chicago IL 60621

REPORTING PERIOD

10/1/2021 12/31/2021
 FROM THRU

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SCHEDULE A RECEIPTS

CHECK THE PART OF FORM D-2, SECTION A, BEING ITEMIZED:

- ☐ PART #1- INDIVIDUAL CONTRIBUTIONS
 INCLUDING TICKETS AND RAFFLE SALES ☐ PART #3- LOANS RECEIVED
 INCLUDING ENDORSER
- ☐ PART #2- TRANSFERS IN
POLITICAL COMMITTEE CONTRIBUTIONS
 INCLUDING TICKET AND RAFFLE SALES ☐ PART #4- OTHER RECEIPTS

POLITICAL COMMITTEE
 IDENTIFICATION

No.

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
Beverly Miles 1570 Zimond Ave Evanston IL 60201	12/25/2021	\$ 200.00 EMPLOYER:	\$ Unknown OCCUPATION:
Beverly Miles 4245 W. Washington Blvd Chicago IL 60621	11/1/2021	\$ 900.00 EMPLOYER: Avera RA Hospital	\$ Nurse OCCUPATION:
Beverly Miles 4245 W. Washington Blvd - Chicago IL 60621	12/1/2021	\$ 1,250.00 EMPLOYER: Avera RA Hospital	\$ Nurse OCCUPATION:
Beverly Miles 4445 W. Washington Blvd - Chicago IL 60621	12/1/2021	\$ 2,500.00 EMPLOYER: Avera RA Hospital	\$ Nurse OCCUPATION:
Beverly Miles 4245 W. Washington Blvd Chicago IL 60621	12/5/2021	\$ 120.00 EMPLOYER: Avera RA Hospital	\$ Nurse OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:

USE A SEPARATE SCHEDULE A FOR EACH PARTS 1, 2, 3, & 4

TOTAL THIS PERIOD \$ _____

NAME OF POLITICAL COMMITTEE:

Missed Boston
4215 W. Washington St
Chicago IL 60641

REPORTING PERIOD

10/1/2021

12/31/2021

FROM

THRU

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SCHEDULE B EXPENDITURES

CHECK THE PART OF FORM D-2 BEING ITEMIZED:

PART #6 TRANSFERS OUT

EXPENDITURES TO POLITICAL
COMMITTEES - INCLUDING TICKET &
RAFFLE PURCHASES

PART #7 LOANS MADEPART #8 EXPENDITURES

POLITICAL COMMITTEE

IDENTIFICATION No.

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

ITEMIZED EXPENDITURES FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE OF EXPENDITURE	PURPOSE	BENEFICIARY	AMOUNT OF EACH EXPENDITURE THIS REPORTING PERIOD	AGGREGATE AMOUNT THIS REPORTING PERIOD
WFS Page 360 Broadway & Broadway 0213 991-1003	12/1/2021	marketing	Benny Miles		1,280.00
5x7 Flyers Pine Street & Boston Road 11825 S. Polaris Ave IL	11/1/2021	marketing	Benny Miles		960.00
4x6 Sign discount printer 4145 W. Chicago Ave. Suite 1000 60641	12/1/2021	marketing	Benny Miles		250.00
Office Supplies 2100 Center Belmont MA 02452	12/31/2021	marketing	Benny Miles		120.00

USE SEPARATE SCHEDULE B FOR EACH PARTS 6, 7, & 8

TOTAL THIS PERIOD \$ 4,820.00